

2-1-02

Sim, Hughes, Ashton & McKay LLP*Barristers & Solicitors***Sim & McBurney***Patent & Trade Mark Agents*6th Floor, 330 University Avenue
Toronto, Ontario, Canada M5G 1R7**Tel. (416) 595-1155 • Fax (416) 595-1163**Official 2/1/02
BW**DATE: Friday, February 01, 2002****Appln. No.: 09/462,816****Our Ref: 1038-1003 MIS:jb**

TO:	FAX #	PHONE #
Examiner: Brian Whiteman Group/Art No. 1633	(703) 746-5024	(703) 305-0775

Total Number of Pages (Including This Page): 21**FROM: Michael I. Stewart / 239****COMMENTS:**

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PTO/SB/17 (XX-XX)

Approved for use through 10/31/2002. OMB 0651-0032

Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

FEE TRANSMITTAL for FY 2002

Patent fees are subject to annual revision

Complete if Known

Application Number	09/462,816
Filing Date	April 5, 2000
First Named Inventor	X. Li
Examiner Name	Brian Whitman
Group Art Unit	1633
Attorney Docket No.	1038-1003 MIS

TOTAL AMOUNT OF PAYMENT

\$920.00

METHOD OF PAYMENT

1. ☐ The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to:

Deposit Account Number

Deposit Account Name

☐ Charge Any Additional Fee Required under 37 CFR §§ 1.18 and 1.17

☐ Applicant claims small entity status. See 37 CFR § 1.27

2. ☒ Payment Enclosed.

☐ Check ☐ Credit card ☐ Money Order ☒ Other

FEE CALCULATION

1. BASIC FILING FEE

Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description	Fee Paid
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701	740	201	370	Utility filing fee	
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106	330	208	165	Design filing fee	
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107	510	207	255	Plant filing fee	
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108	740	208	370	Reissue filing fee	
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114	180	214	80	Provisional filing fee	
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SUBTOTAL (1)

2. EXTRA CLAIM FEES

Total Claims	Extra Claims	Fee from below	Fee Paid
Independent Claims	-20** -	0 X	0.00
Multiple Dependent	-3** -	0 X	0.00

Large Entity Small Entity

Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description	Fee Paid
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103	18	203	9	Claims in excess of 20	
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102	84	202	42	Independent claims in excess of 3	
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104	280	204	140	Multiple dependent claim, if not paid	
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109	84	209	42	** Reissue independent claims over original patent	
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110	18	210	9	** Reissue claims in excess of 20 and over original patent	
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SUBTOTAL (2)

\$0.00

**or number previously paid, if greater. For Reissues, see above

FEE CALCULATION (continued)

3. ADDITIONAL FEES

Large Entity Small Entity

Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description	Fee Paid		
105	130	205	65	Surcharge - late filing fee or oath	
127	50	227	25	Surcharge - late provisional filing fee or cover sheet	
139	130	139	130	Non - English specification	
147	2,520	147	2,520	For filing a request for ex parte reexamination	
112	920*	112	920*	Requesting publication of SIR prior to Examiner action	
113	1,840*	113	1,840*	Requesting publication of SIR after Examiner action	
115	110	215	55	Extension for reply within first month	
116	400	216	200	Extension for reply within second month	
117	920	217	460	Extension for reply within third month	
118	1,440	218	720	Extension for reply within fourth month	920.00
128	1,960	228	980	Extension for reply within fifth month	
119	320	219	160	Notice of Appeal	
120	320	220	160	Filing a brief in support of an appeal	
121	280	221	140	Request for oral hearing	
138	1,510	138	1,510	Petition to institute a public use proceeding	
140	110	240	55	Petition to revive - unavoidable	
141	1,280	241	640	Petition to revive - unintentional	
142	1,280	242	640	Utility issue fee (or reissue)	
143	460	243	230	Design issue fee	
144	620	244	310	Plant issue fee	
122	130	122	130	Petitions to the Commissioner	
123	50	123	50	Processing fee under 37 CFR § 1.17(q)	
126	180	126	180	Submission of information Disclosure Statement	
581	40	581	40	Recording each patent assignment per property (times number of properties)	
146	740	246	370	Filing a submission after final rejection (37 CFR § 1.129(a))	
149	740	249	370	For each additional invention to be examined (37 CFR § 1.129(b))	
179	740	279	370	Request for Continued Examination (RCE)	
169	900	169	900	Request for expedited examination of a design application	

Other fee (specify)

*Reduced by Basic Filing Fee Paid

SUBTOTAL (3)

\$920.00

SUBMITTED BY

Name (Print/Type)

Michael I. Stewart

Registration No.
(Attorney/Agent)

24,973

Complete (if applicable)

Telephone

(416)595-1155

Signature

Date

February 1, 2002

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PTO/SB/21 (08-00)

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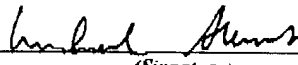
TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application	09/462,816	
	Filing Date	April 5, 2000	
	First Named	X. Li	
	Group Art Unit	1633	
	Examiner Name	Brian Whiteman	
Total Number of Pages in This Submission	20	Attorney Docket Number	1038-1003 MIS

ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Assignment Papers (for an Application)	<input type="checkbox"/> After Allowance Communication to Group
<input checked="" type="checkbox"/> Fee Attached	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment / Response	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input checked="" type="checkbox"/> After Final	<input type="checkbox"/> Petition	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Petition to Convert a Provisional Application	<input type="checkbox"/> Status Letter
<input checked="" type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below)
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	Certificate of Transmission by Facsimile Deposit Account Order Form
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Response to Missing Parts/Incomplete Application		
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	Remarks	

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	Michael I. Stewart (Reg. No. 24,973)
Signature	<i>Michael I. Stewart</i>
Date	February 1, 2002

CERTIFICATE OF MAILING		
I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to Commissioner for Patents, Washington, D.C. 20231 on this date		
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Signature		Date

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CERTIFICATE OF TRANSMISSION BY FACSIMILE (37 CFR 1.8)			Docket No.
Applicant(s): X. Li			1038-1003 MIS
Serial No. 09/462,816	Filing Date April 5, 2000	Examiner Brian Whiteman	Group Art Unit 1633
Invention: NUCLEIC ACID VACCINE ENCODING G PROTEIN OF RESPIRATORY SYNCYTIAL VIRUS			
<p>I hereby certify that this <u>Amendment</u> <i>(Identify type of correspondence)</i></p> <p>is being facsimile transmitted to the United States Patent and Trademark Office (Fax. No. <u>(703) 746-5024</u></p> <p>on <u>February 1, 2002</u> <i>(Date)</i></p> <p><u>Michael L. Stewart (Reg. No.: 24,973)</u> <i>(Typed or Printed Name of Person Signing Certificate)</i></p> <p><u></u> <i>(Signature)</i></p> <p>Note: Each paper must have its own certificate of mailing.</p>			